

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524979

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/		/		
2		/		/			52	/		/			
3		/		/			53		①		/		
4	/		/				54		①		/		
5		/		/			55		/		/		
6		/		/			56		/		/		
7		/		/			57		/		/		
8		/		/			58		②		/		
9		/		/			59		②		/		
10		/		/			60		②		/		
11		①		/			61	/		/			
12		/		/			62	/	①	/			
13		/		/			63			/			
14		/		/			64	/		/			
15		/		/			65	/		/			
16		/		/			66		/		/		
17		2		/			67		/		/		
18		/		/			68		/		/		
19		/		/			69		①	/			
20		/		/			70		/		/		
21		/		/			71			/			
22		/		/			72			/			
23		/		/			73						
24		/		/			74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28		①		/			78						
29		①		/			79						
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35		/		/			85						
36		/		/			86						
37		/		/			87						
38		①		/			88						
39	/		/				89						
40	/		/				90						
41	/	/	/	/			91						
42		/		/			92						
43		/		/			93						
44		/		/			94						
45		①		/		①	95						
46	/		/	/			96						
47		/		/			97						
48	/		/	/			98						
49		/		/			99						
50		/		/			100						
TOTAL IND.	13	↓	13	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	62	←	61	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	73		72				TOTAL CLAIMS						